

WESTERN ILLINOIS UNIVERSITY
School of Graduate Studies

Prospective Student Information Sheet

Name (first, middle, last) _____

Former Name _____

Street Address _____

City _____ State _____ ZIP _____

Date of Birth _____ Email Address _____

Home Telephone _____ Cell Phone _____

Entry Term _____

Degree Sought:

___ Master's ___ Specialist ___ Doctorate ___ Post-Bacc. Certificate ___ Second Bachelor's

Graduate Major (program of study) _____

Primary campus Location: ___ Macomb ___ Quad Cities ___ Other: _____

Cumulative undergraduate GPA _____

Source of Contact (email, phone, walk-in, etc.) _____

Name of WIU staff completing this form _____

Comments, if any:

Date _____

Please complete and forward to **School of Graduate Studies, 116 Sherman Hall.**

Fax to 309-298-2345 or attach to email and send to Grad-Office@wiu.edu